

DESIGNATION OF TOUR OF DUTY

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	
POSITION TITLE	PAY PLAN, OCCUPATIONAL SERIES, AND GRADE	TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
ORGANIZATION	WORK SCHEDULE	EFFECTIVE DATE	
ARE YOU A WORK AT HOME (WAH) PARTICIPANT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, indicate below by checking the box that identifies your WAH day(s).)</i>			

FIRST WEEK			SECOND WEEK		
WAH			WAH		
<input type="checkbox"/>	MONDAY		<input type="checkbox"/>	MONDAY	
<input type="checkbox"/>	TUESDAY		<input type="checkbox"/>	TUESDAY	
<input type="checkbox"/>	WEDNESDAY		<input type="checkbox"/>	WEDNESDAY	
<input type="checkbox"/>	THURSDAY		<input type="checkbox"/>	THURSDAY	
<input type="checkbox"/>	FRIDAY		<input type="checkbox"/>	FRIDAY	